

**Indiana Board for Depositories**  
**Quarterly Report due: \_\_\_\_\_**  
**One North Capital, Suite 444, Indianapolis, Indiana 46204**  
**317-232-5257**

**Bank Name:** \_\_\_\_\_ **City:** \_\_\_\_\_

**IDENTIFICATION NO.** \_\_\_\_\_

**Note:** This will be your certificate number assigned by your regulatory body (FDIC, OTS, etc.) and which appears on the front page of your Uniform Bank Performance Report or Thrift Financial Report.

**PUBLIC FUNDS ON DEPOSIT**

- 1. Individual Accounts:** On the separate attached detail pages please provide the minimum, maximum, and actual balances for each state and local public funds account held during the quarter.
- 2. Grand Total:** Carry forward from the detail pages and provide a grand total of all public funds held during the quarter:

Minimum Balance	Maximum Balance	Actual Balance

**CAPITAL ACCOUNTS – BANKS**

Sum Total of  
Capital

\_\_\_\_\_

Plus the Surplus

\_\_\_\_\_

Plus the Undivided  
Profit

\_\_\_\_\_

**Total:**

**CERTIFICATIONS**

- 1. Capital Ratio:** Do you certify that the capital ratios of this institution, as of (date) \_\_\_\_\_, are in excess of the minimums required by our governmental supervisory bodies? \_\_\_\_\_.
- 2. Indiana Investment:** Do you certify that, as of (date) \_\_\_\_\_, the total principal of the institution's outstanding loans to Indiana residents, when added to the total market value of the institution's investments in Indiana residents, as defined by law, (I.C. 5-13-8-7 (a.b)) at least equals the sum of the state and local public funds on deposit in the institution? \_\_\_\_\_

**Signed\*:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**President, CEO or CFO**

**Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

*\*The signatory of this form must be an officer of the financial institution corporation, e.g. president, chairman.*